

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09105947 FILING DATE 4/7/98
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	4					
TOTAL DEP.	19					
TOTAL CLAIMS	23					

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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